2005 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT								,	FILE	D .		
DOCUI 1. Entity Nam T&I SER\					CRETARY !	of scale apprach am 9: 4	q					
Principal Place of Business 33 MARION RD HOLLYWOOD, FL 33023				Mailing Address 33 MARION RD HOLLYWOOD, FL 33023			08/16	04 9	0016		-05 - 157	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				06102005	REIN-P	CR2	E098 (6/04)	
City & State				City & State				4. FEI Number 65-0847			⊢	plied For t Applicable
Zip	Country			Zip	ntry	5. Certificate of Status Des			\$9.75			
6. Name and Address of Current Registered Agent						1		7. Name and A	Address of New	Registered	Agent	
BHAGWANDIN, TROY 410 N 60TH WAY HOLLYWOOD, FL						Name Troy Bhagwandin Street Address (P.O. Box Number is Not Acceptable) 33 Marion Rd Hollywood, FL 33023						
										FI	Zip Code	9
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE (NOTE: Registered Agent eignature required when reinstating) DATE FILE NOW!!! FEE IS \$900.00												
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHAGWA 410 N 60' HOLLYW	NDIN, IDELLE	ERS AND DI	RECTORS Delete		LE .		alle Bha Marion lywood,			ID DIRECTORS ☐ Change	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	NDIN, TROY	10 10	□ Delete	1		D Bha 33	gwandin Marion .lywood,	Troy	3023	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				1 (06/21	0005e 705010	3394 4502	□ Change 1	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
12. I hereby certify that the information supplied with this lilling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that m signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: 9544985-8672												
5.3.17	. • · · · ·	SIGNATURE AND	TYPED OR PAI	YED NAME OF SIGNING OFFICE					Date		Daytime Phone #	

20fz

T& I SERVICES, INC.

"Quality Assistance"

Mailing Address:

33 Marion Rd. Hollywood, Florida 33023 Office:

(954) 985-8672

Fax:

(954) 985-8672

December 8, 2004

Florida Department of State 409 E. Gaines St. Tallahassee, FL 32399

Re:

T&I Services, Inc.

Dear Sir or Madam:

I enclose the reinstatement report for the above referenced corporation as indicated on the document to be filed. As indicated, the annual report notice was not received and therefore, we are requesting acceptance of the enclosed reinstatement report and fee. As mentioned to Tina in Reinstatement Division on December 8, 2004, payment was made in August 2004 to rectify this matter, however, the corporation was dissolved for not submitting the correct fee. Please note that this fee was correct as it relates to the circumstances as mentioned above. Therefore, we have enclosed a reinstatement form and copy of the check.

Should you have any questions, or problems with the document or filing, please call me at (800) 585-8043 or at the above referenced number.

Thank you for your attention to this matter.

Sincerely,

Troy Bhagwandin

Encls.